L	J3a TRAVEL GRO	OUP – BOO	OKING FORM	1
Name of Trip		Date	Cost per Person	No. Of Tickets required
Please circle pick u	ıp point required	Yate Armo	odillo / Chip.	Sod Wick War R
Details of person(s) travelling please	e complete a	all boxes for ea	ach applicant:
Name				
Address				
Email address				
Membership No				
Telephone No.				
Mobile Number				
Emergency Contact No.				
Disclaimer: Please	note that because	se of U3a Pu	ublic Liability I	nsurance rules,
only fully paid up U permitted. Howeve	•			
cover.				
Each member is pe undertake any act				_
for loss of persona		-	-	enses. Please
ensure that you ar	=	ured if appr	opriate.	
I have read and un	naerstood this.	Data		
Signed		Date		

CHEQUES MADE PAYABLE TO: **YATE & SODBURY DISTRICT U3a TRAVEL GROUP** PLEASE RETURN COMPLETED FORM & CHEQUE TO: KAY BROCK, 56 MOUNTBATTEN CLOSE, YATE BS37 5TE